

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/15/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155494</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C 04/12/2011</b>	
NAME OF PROVIDER OR SUPPLIER  <b>WATERS OF SCOTTSBURG, LLC THE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>1350 N TODD DR SCOTTSBURG, IN 47170</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{F 000}	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN00087163 completed on March 10, 2011.</p> <p>This visit was in conjunction with a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on January 27, 2011.</p> <p>Complaint IN00087163 corrected</p> <p>Survey Dates: April 11 &amp; 12, 2011</p> <p>Facility number: 000478 Provider number: 155494 AIM number: 100290430</p> <p>Survey Team: Avona Connell, RN TC Donna Groan RN Gloria Reisert, MSW</p> <p>Census bed type: SNF/NF: 77 Total: 77</p> <p>Census payor Type: Medicare: 08 Medicaid: 63 Other: 06 Total: 77</p> <p>Sample: 10</p> <p>The Waters of Scottsburg was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regards to PSR to the Investigation of Complaint IN00087163 completed</p>			{F 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{F 000}	Continued From page 1 on March 10, 2011.  Quality review completed on April 14, 2011 by Bev Faulkner, RN			{F 000}			